



APPLICATION FOR SALVAGE MOTOR VEHICLE BUSINESS LICENSE

State Form 40248 (R5 / 2-96)

Approved by State Board of Accounts, 1992

- INSTRUCTIONS:**
1. License fees: original business location - \$10.00, each branch or supplemental location - \$5.00.
 2. Completed application must be accompanied by check or money order payable to: Bureau of Motor Vehicles.
 3. Mail or deliver to **Bureau of Motor Vehicles - Dealer Section, 6400 E. 30th St., Indianapolis, IN 46219**

1. Name of business		County code	BMV number
Business address (number and street, city, state, ZIP code)			
County	Telephone number ()	2. Retail merchants certificate number	3. Federal ID number
If you have a rural location, please give directions to place of business			
4. Check the function(s) for which you wish to be licensed: <input type="checkbox"/> Salvage recycler <input type="checkbox"/> Salvage rebuilder <input type="checkbox"/> Hulk crusher <input type="checkbox"/> Used parts dealer			
5. Check the activities to be conducted at this location: <input type="checkbox"/> 1. Selling used major component parts of vehicles; <input type="checkbox"/> 2. Wrecking or dismantling vehicles for resale of their major component parts; <input type="checkbox"/> 3. Rebuilding wrecked or dismantled vehicles; <input type="checkbox"/> 4. Possessing two (2) or more inoperable vehicles subject to registration for more than thirty (30) days; <input type="checkbox"/> 5. Engaging in the business of storing, disposing, salvaging, or recycling of vehicles, vehicle hulks, or the parts of vehicles.			
6. List any branch or supplemental locations required to be licensed to perform any of the above activities:			
NAME	ADDRESS (street, city, state, ZIP code)	TELEPHONE NUMBER	COUNTY
		()	
		()	
		()	
		()	
7. Has any owner, partner, officer, director, or agent of applicant had a civil judgement or criminal conviction against them for any violation of any State or Federal laws concerning the sale, distribution, financing, or insuring of motor vehicles or parts within the last three years? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, please give details:			
8. Has any owner, partner, officer, director or agent of applicant had a Salvage Operator license suspended or revoked or had an application for a Salvage Operator license rejected in this or any other state within the last three years? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, explain:			

TO BE COMPLETED BY LOCAL ZONING BOARD

I, the undersigned, verify compliance with local zoning ordinances or other local ordinances for conducting Salvage Operator business at the address cited above.		
Signature	Authorized agency	Date
Printed or typed name	Title	

(Continued on the reverse side)

9. Check type of business organization:

☐ Sole Proprietorship

☐ Partnership

☐ Corporation

☐ Unincorporated Association

10. If Sole Proprietorship - list information for owner. If Partnership - list information for all partners. If Corporation - list information for all officers. If Unincorporated Association - list information for all managers or chief administrative officials.

NAME	TITLE	ADDRESS (street, city, state, ZIP code)	TELEPHONE NUMBER
			()
			()
			()
			()
			()

11. State the name and address of the person upon whom legal service of process may be made:

Name	Address (number and street, city, state, ZIP code)
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12. If corporation, give the date and state of incorporation:

13. If Foreign Corporation, state the date of admission to do business in Indiana:

14. Has any owner, partner, officer or director of applicant owned or worked for another Salvage Operator in this or any other state within the last three years?

☐ Yes

☐ No

If Yes, give name of individual and name and address of business

Name of individual	Name and address of business
Name of individual	Name and address of business

15. Indicate whether your established place of business is owned or leased

16. Is this location devoted solely to the business of recycling, rebuilding, dismantling, crushing and / or exchanging used motor vehicle parts / vehicles?

☐ Yes

☐ No

If No, explain:

PLEASE NOTE: Every Disposal Facility or Automotive Salvage Rebuilder shall keep and maintain records on the current model year and immediate four (4) preceeding model years for all salvage motor vehicles as indicated in 140 IAC 3-3-5 (*Vehicle Register and Major Component Parts Register*) and required by IC 9-22-3-19.

Any salvage motor vehicle or major component part which is subject to recordkeeping procedures by law and per regulation which has been acquired and entered into the Vehicle Register or Major Component Parts Register shall be subject to recordkeeping for disposal purposes even though the sale of such vehicle or part is beyond the five (5) year provisions of 140 IAC 3-3-7.

All records required to be maintained under IC 9-22-3 and inventory are subject to inspection by a police officer or bureau representative during normal business hours.

I hereby certify under the penalty of perjury that I am authorized to make this application and that the answers and information contained in this application are true and correct.

Signature of applicant	Title	
Print or type name	Date	Amount \$